## **OKLAHOMA DEPARTMENT OF CORRECTIONS**

## After Clinic Hours Transfer to ER Note

If an ER visit occurs after clinic hours in a 24-hour facility, a QHCP will complete the "After Clinic Hours Transfer to ER Note"

Medical History:				
<ul><li>☐ Hypertension</li><li>☐ Diabetes</li><li>☐ Cardiac D</li><li>☐ Mental Health Disorder</li><li>Other:</li></ul>			<b>□</b> S	eizure Disorder
<b>Current Medications:</b>				
	_			
	_			
	_			
Reason for ER visit:				
Transferred to:				
Transported by: ☐ Ambulance ☐ Facility Vehicle	■ Med F	Flight		
Transported Date/Time:				
Name of Medical Provider Notified:				ion:
Level:				
☐ A - Emergency/Life Threatening Situation Unco	nscious and	or Unresponsi	ve	
Circulatory or respiratory collapse such	as severe ch	est pain or seve	ere difficu	llty breathing
<ul> <li>Uncontrolled seizure activity</li> <li>Severe trauma leading to profuse bleed</li> </ul>	ling, open fra	ctures with prot	ruding bo	nes, severe head
injuries, severe lacerations or stab wou	nds, etc.	·		
Sudden onset of altered mental status suspected drug overdose, or head injur			eech, diff	ficult to arouse,
☐ B - Urgent Situation		· ·		
- Any complaints related to the head or n	eck such as	severe headach	e, neck s	tiffness, or head/neck
injuries Any complaints relating to the chest, su	ch as chest p	ain or difficulty	breathing	·
<ul> <li>Any complaints relating to the abdomer</li> </ul>				
of unusual duration Sport or work injuries such as suspected	l fractures se	evere ioint iniury	, sninal i⊩	niuries etc
Most lacerations may be repaired up to 19 hours after a	•		•	•
and infection is prevented. All lacerations will be reporter more urgent than can be provided by waiting until the new provided by waiting unt	d directly to t	he on-call provi		
Medical Provider Signature/Credentials:		Da	te:	Time:
QHCP Signature/credentials:		De	ate.	Time:
artor digitatororodornais.		Do		111110.
Inmate Name (Last, First)				ODOC #